

STATE OF ALASKA

REQUEST FOR NONPERMANENT EMPLOYEE

(For nonpermanent substitute position, complete Block A and D only)

Division of Personnel Use Only

BARG. UNIT	NONPERM ID NO.	TYPE CODE
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A.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dept	Region	Division	Section	Geo Code	Class Code	Range	Mo/Day/Yr Begin Date	Mo/Day/Yr Ending Date
Class Title						Location		
Supervisor's Name (Last, First, M.I.)						Date of Request		
APPOINTMENT WILL BE MADE FROM <input type="checkbox"/> Eligible List <input type="checkbox"/> Union Dispatch <input type="checkbox"/> Intern Procedures <input type="checkbox"/> Other _____								
For Nonpermanent substitute Show PCN			Signature of Requestor			Date		

B. CERTIFICATIONS:

REASON (Check one)

- The legislature has appropriated funds for the position proposed knowing that it is to be performed by a nonpermanent employee. The appropriation code(s) and budget page references are indicated in Section C. (Normal 120-day.)
- There is an immediate need to fill an authorized, permanent position and it is impractical to establish the position and make certification within a reasonable time. The authority, position, and circumstances are explained in Section D. (Normal 120-day.)
- An immediate need exists which this agency could not have reasonably anticipated and met through the creation of a permanent position. The circumstances and the reasons we could not anticipate this need are explained in Section D. (Normal 120-day.)
- A project exists and the need for an employee can be most appropriately met through the use of a nonpermanent project employee. The project and our needs are explained in Section D. (Project)
- A program exists and the need for an employee can be most appropriately met through the use of a nonpermanent program employee. The program and our needs are explained in Section D. (Program)

FUNDING

I certify that the above checked condition exists and that adequate funds are available for the anticipated duration of this appointment. I am aware that certifying false, inaccurate, or misleading documents constitutes an unsworn falsification punishable under AS 11.56.210.

Certifying Officer's Signature	Date
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C. FUNDING SOURCE AND AUTHORITY:

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D. EXPLANATION:

Narrative reason for request, be specific.

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E. DESCRIPTION OF DUTIES:

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APPROVAL:

<input type="checkbox"/> APPROVED AS REQUESTED <input type="checkbox"/> APPROVED WITH QUALIFICATIONS NOTED	Director, Division of Personnel	Date
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